

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Dennis Woods for Palm Springs City Council District 2, 2019		Date of This Filing 9/16/2019	Date Stamp	<b>CALIFORNIA FORM 497</b> RECEIVED CITY OF PALM SPRINGS 2019 SEP 16 PM 3:21 OFFICE OF THE CITY CLERK
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1419200	Report No. 4	For Official Use Only	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. (explain below) 1	No. of Pages 1	
CITY Palm Springs	STATE CA	ZIP CODE 92262		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
9/15/2019	Juliette Montante [REDACTED] Palm Desert CA 92260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner PS Organica	1,000  <input type="checkbox"/> Check if Loan _____% Provide interest rate
9/15/2019	Robert Wright [REDACTED] Palm Springs CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed N/A	1,000  <input type="checkbox"/> Check if Loan _____% Provide interest rate
9/15/2019	Robert Connelly [REDACTED] Rancho Mirage CA 92270	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Creative Services/Graphic Design Robert Connelly Design	8,625  <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

\* Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee